

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 12 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N96000003681 (1)**  
 1. Corporation Name

**KINGSHYRE AT CROSS CREEK HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>325 SOUTH BOULEVARD TAMPA FL 33606</b>	Mailing Address <b>325 SOUTH BOULEVARD TAMPA FL 33606</b>
------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>P.O. Box 2071</b>	3. Date Incorporated or Qualified <b>07/12/1996</b>	3a. Date of Last Report	4. FEI Number <b>59-3440311</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
23 City & State	28 <b>TAMPA, FLORIDA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
24 Zip	25 Country	29 <b>33601-2071</b>	30 <b>USA</b>	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
<b>JAMES, JUDITH L</b> <b>325 SOUTH BOULEVARD</b> <b>TAMPA FL 33606</b>		81 Name	<b>JACK P. HANSON</b>		
		82 Street Address (P.O. Box Number is Not Acceptable)	<b>239 MASATEHA PLACE #100</b>		
		83			
		84 City	<b>DALLAS</b>	FL	<b>752803</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **JACK P. HANSON** DATE **9/3/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULL, KURT</b>	1.2 NAME	
STREET ADDRESS	<b>325 SOUTH BOULEVARD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HULL, ANN</b>	2.2 NAME	
STREET ADDRESS	<b>325 SOUTH BOULEVARD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOLTZFUS, ALBERTA</b>	3.2 NAME	
STREET ADDRESS	<b>325 SOUTH BOULEVARD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33606</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

*DO NOT DELETE.*

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ALBERTA STOLTZFUS** DATE **8/29/97** **973-4213**  
SIGNATURE REQUIRED

CR2E037 (4/97)